

Revised 06/05

# IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701

www.iowa.gov/ethics

2007 NOV 21 PM 2:18



## FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

### For office use only

Indexed \_\_\_\_\_

Audited EXC'D 11-21-07

Checked \_\_\_\_\_

Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

### DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School	
Name of Department or Office	Eldora, IA, 50627
3211 Edgington Ave.	City, State, Zip Code
Mailing Address	
641-858-5402	
Area Code & Telephone No.	

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit	
Name	Eldora, IA, 50627
3211 Edgington Ave.	City, State, Zip (if different from above)
Mailing Address (if different from above)	
mdagit@the.state.ia.us	Area Code & Telephone Number (if different from above)
Email Address	

### DONOR OF GIFT, BEQUEST, OR GRANT:

St. John's United Meth Women	
Name	
Box 376	Radcliffe, Iowa 50230
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

11/21/2007	\$ 25.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

Donation to student Christmas fund

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

### Statement of Affirmation:

I, Millie Dagit affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

November 21, 2007

Date

Revised 06/05

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Name of Department or Office 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address 641-858-5402	City, State, Zip Code
Area Code & Telephone No.	

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit	
Name 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address (if different from above) mdagit@dhs.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

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November 21, 2007

Signature

Date